



THOMAS, LONG,
NIESEN & KENNARD

Attorneys and Counsellors at Law

NORMAN J. KENNARD
ADMITTED IN OHIO AND
PENNSYLVANIA
Direct Dial: 717.255.7627
nkennard@thomaslonglaw.com

October 15, 2013

Via USPS Express Mail

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington D.C. 20554

Re: *Connect America Fund*, WC Docket No. 10-90; **2013 FCC Form 481**

Dear Ms. Dortch:

In compliance with the Commission's rules at 47 CFR §§ 54.313(h)(2)(i) and 54.422(c), Ottoville Mutual Telephone Company ("Ottoville") herewith submits a copy of its 2013 Form 481.

Ottoville requests that the financial results required in the section entitled "Rate of Return Carrier Additional Information"¹ be accorded confidential treatment. Attached please find a statement of the reasons for withholding the redacted materials from public inspection pursuant to 47 CFR § 0.459.

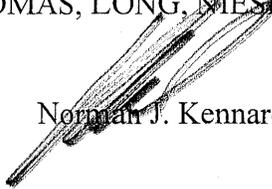
Ottoville has e-filed, through ECFS, the redacted version and sent via USPS Express Mail the confidential version (original and one copy) of its 2013 FCC Form 481.

Thank you for your attention to this matter.

Sincerely,

THOMAS, LONG, NIESEN & KENNARD

By:


Norman J. Kennard

NJK:tl

¹ The financial reports section of FCC Form 481 is identified at the Universal Service Administrative Company ("USAC") website as "Section 3005" in the downloadable version and as "Section 3000" in the online filing version at the same USAC website. <http://www.usac.org/hc/tools/forms.aspx>. The same identical financial information is required in both. The request for confidentiality applies regardless of whether the form submitted employs the 3005 or 3000 designation.

**STATEMENT OF CONFIDENTIALITY REQUEST AND
JUSTIFICATION OF OTTOVILLE MUTUAL TELEPHONE COMPANY**

Ottoville Mutual Telephone Company (“Ottoville” or “Company”) is a small, privately held rural local exchange company based in Ohio. Ottoville requests confidential treatment of certain information being provided to the Commission in its 2013 FCC Form 481, because the information is competitively sensitive and its disclosure would have negative competitive consequences upon Ottoville were it made publicly available. Such information would not ordinarily be made available to the public and should be afforded confidential treatment under 47 CFR § 0.459.

Specifically, Ottoville requests that the documentation required in the section entitled “Rate of Return Carrier Additional Information,”¹ which consists of the Company’s financial reports, income statement, balance sheet and cash flow statement, be accorded confidential treatment (“Confidential Information”).

Degree to Which the Information in Question is Commercial or Financial, or Contains a Trade Secret or is Privileged

The Confidential Information is financial information, specifically the Company’s income statement, balance sheet and cash flow statement. Financial Information is clearly deserving of confidential treatment.

The Confidential Information is also a trade secret under 5 U.S.C. § 552(b)(4). While there is no clear federal definition, the *Uniform Trade Secrets Act* defines trade secret as information that derives independent economic value, actual or potential, from not being generally known to or readily ascertainable through appropriate means by other persons who might obtain economic value from its disclosure or use and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. <http://www.uniformlaws.org/Default.aspx>. The information for which confidential treatment is sought meets that definition.

Degree to Which the Information Concerns a Service that is Subject to Competition

Ohio has successfully opened its telecommunications markets to full competition. The services offered by the Company, including voice and broadband services, are subject to vigorous competition from competitive local exchange carriers, cable operators, wireless carriers

¹ The financial reports section of FCC Form 481 is identified at the Universal Service Administrative Company (“USAC”) website as “Section 3005” in the downloadable version and as “Section 3000” in the online filing version at the same USAC website. <http://www.usac.org/hc/tools/forms.aspx>. The same identical financial information is required in both. The request for confidentiality applies regardless of whether the form submitted employs the 3005 or 3000 designation.

and VoIP providers. Many of the Company's competitors are large, well-financed and national, even international, in scope.

Manner in Which Disclosure of the Information Could Result in Substantial Competitive Harm

The Confidential Information could be employed by both existing and potential competitors in a variety of ways, including: to determine the size of the market; the profitability of the market; and the financial resources of the Company. Clearly, were the Confidential Information made public, competitors could and would use this information to their competitive advantage. Moreover, disclosure would adversely affect Ottoville's ability to conduct business with other carriers.

Measures Taken to Prevent Unauthorized Disclosure

The Company has taken precautions to guard the secrecy of its financial results, including the Confidential Information, by limiting its dissemination. The Confidential Information is not known outside of Ottoville and is known within the Company only to senior managers and a limited number of employees with a particular need to know. Ottoville has expended a significant amount of time and money in developing the Confidential Information. The Confidential Information cannot be replicated by any other means.

Availability of the Information to the Public and Extent of Any Previous Disclosure of the Information to Third Parties

The Confidential Information is not available to the general public and has never been disclosed to any outside third parties, except as may be associated with financing, in which case confidentiality is required.

Justification of the Period During Which the Material Should Not be Available for Public Disclosure

Ottoville requests that the Confidential Information be maintained on a confidential basis indefinitely. Disclosure of the information at any time would be harmful.

Any Other Information That the Party Seeking Confidential Treatment Believes May Be Useful In Assessing Whether Its Request For Confidentiality Should Be Granted.

Exemption 4 of the Freedom of Information Act protects "trade secrets and commercial or financial information obtained from a person [that is] privileged or confidential." 5 U.S.C. § 552(b)(4). The exemption affords protection to those submitters who are required to furnish

commercial or financial information to the government by safeguarding them from the competitive disadvantages that could result from disclosure. If the financial information relates to business or trade, courts have considered it “commercial or financial.” *See, e.g., Dow Jones Co. v. FERC*, 219 F.R.D. 167, 176 (C.D. Cal. 2002) (information relating “to business decisions and practices regarding the sale of power, and the operation and maintenance” of generators (quoting agency declaration)); *Merit Energy Co. v. United States Dep’t of the Interior*, 180 F. Supp. 2d 1184, 1188 (D. Colo. 2001) (“information regarding oil and gas leases, prices, quantities and reserves”), *appeal dismissed*, No. 01-1347 (10th Cir. Sept. 4, 2001). The Confidential Information satisfies this test as well.

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	300650
<015> Study Area Name	OTTOVILLE MUTUAL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Margie Schnipke
<035> Contact Telephone Number: Number of the person identified in data line <030>	419-453-3324
<039> Contact Email Address: Email of the person identified in data line <030>	ottelco@nwbright.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0		<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)		<i>(attach descriptive document)</i>		
<320> Unfulfilled Service Requests (broadband)	0		<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)		<i>(attach descriptive document)</i>		
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)			<input checked="" type="checkbox"/>	
<440> Fixed	0.0			
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>			
<510> <input type="checkbox"/>	<i>(attach descriptive document)</i>			
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>			
<610> <input type="checkbox"/>	<i>(attach descriptive document)</i>			
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>			
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>			
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>			
<1010> <input type="checkbox"/>	<i>(attach descriptive document)</i>			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>		<input checked="" type="checkbox"/>	
<1110>	<i>(complete attached worksheet)</i>			
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>			<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>		<input type="checkbox"/>	
<2005>	<i>(complete attached worksheet)</i>			

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	
<3005>	<i>(complete attached worksheet)</i>			

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	300650
<015> Study Area Name	OTTOVILLE MUTUAL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Margie Schnipke
<035> Contact Telephone Number - Number of person identified in data line <030>	419-453-3324
<039> Contact Email Address - Email Address of person identified in data line <030>	ottelco@nwbright.net

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Margie Schnipke
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-453-3324
<039>	Contact Email Address - Email Address of person identified in data line <030>	ottelco@nwbright.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Margie Schnipke
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<039>	Contact Email Address - Email Address of person identified in data line <030>	ottelco@nwbright.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Margie Schnipke
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-453-3324
<039>	Contact Email Address - Email Address of person identified in data line <030>	ottelco@nwbright.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

 Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.ottovillemutual.com

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Margie Schnipke
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-453-3324
<039>	Contact Email Address - Email Address of person identified in data line <030>	ottelco@nwbright.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="text"/>
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(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	300650
<015>	Study Area Name	OTTOVILLE MUTUAL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Margie Schnipke
<035>	Contact Telephone Number - Number of person identified in data line <030>	419-453-3324
<039>	Contact Email Address - Email Address of person identified in data line <030>	ottelco@nwbright.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>		
<p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))</p>		<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>		<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input checked="" type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	<p>Name of Attached Document Listing Required Information</p>	<p>RUS 2012 Annual Report</p>
<p>(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>		<p><input type="checkbox"/> (Yes/No)</p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>		<p><input type="checkbox"/></p>
<p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>		<p><input type="checkbox"/></p>
<p>(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>		<p><input type="checkbox"/></p>
<p>(3023) Underlying information subjected to a review by an independent certified public accountant</p>		<p><input type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification.</p>		<p><input type="checkbox"/></p>
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	300650
<015> Study Area Name	OTTOVILLE MUTUAL
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<039> Contact Email Address - Email Address of person identified in data line <030>	ottelco@nwbright.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	OTTOVILLE MUTUAL
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/03/2013
Printed name of Authorized Officer:	Donald Hoersten
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	419-453-3324
Study Area Code of Reporting Carrier:	300650 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	300650
<015> Study Area Name	OTTOVILLE MUTUAL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Margie Schnipke
<035> Contact Telephone Number - Number of person identified in data line <030>	419-453-3324
<039> Contact Email Address - Email Address of person identified in data line <030>	ottelco@nwbright.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments